



MATANUSKA-SUSITNA BOROUGH

PUBLIC RECORDS REQUEST FORM

Name of Individual Requesting Records: _____ Date: _____
Address: _____
City/State/Zip Code: _____
Telephone No.: _____ Email: _____

RECORD(S) REQUESTED

If this matter is currently under litigation, record(s) must be requested through the Law Department.

Title & Date of Record(s): _____

Description of Record(s) – Please provide any additional information that will assist us in locating the record(s) for you as quickly as possible: _____

The employee processing your request will respond to this request within ten (10) business days. If the records cannot be provided in that time period, you will be promptly advised. If you still desire the record(s), a reasonable and diligent search will be made for them.

Non Litigation Affiliation Certification - I hereby certify that:

- (1) I am not involved in litigation, in a judicial or administrative forum, with the Matanuska- Susitna Borough or it's agencies; and
- (2) I am not acting on behalf of or otherwise representing any person who is involved in litigation with the Matanuska-Susitna Borough or its agencies to which the requested record is relevant.

I certify under the penalty of perjury, that the foregoing statements are true.

_____ Print Name _____ Requester Signature

FOR BOROUGH USE ONLY

Date request was received: _____
Employee that received the request: _____
Employee/Departments that processed the request: _____
Amount requester is required to **pre-pay** to process the request and Date: _____
Director approval: _____ Date: _____

Attorney Approval: _____ Date: _____
Total amount due to process the request _____
The date the documents were provided to requester: _____
The date the Reply to Public Records Request and Notice of Right to
an Administrative Review form was distributed _____ by _____
Finance department please credit this payment to account number **100-000-000-341-900**